



## VOLUNTEER APPLICATION

*All information will be treated confidentially. Please answer all questions as completely as possible.*

### Personal Information

Last Name:	First Name:	
Address:	State:	Zip Code:
Email:		
Home Phone:	Work Phone:	Cell Phone:

### Emergency Contact:

Name:	Relationship:
Day Phone:	Evening Phone:

### Availability:

Would you be interested in assisting during preparedness exercises or drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assuming you are available to help during an actual public health emergency, how many hours per day would you consider serving as a volunteer?	<input type="checkbox"/> 12 hours	<input type="checkbox"/> 8 hours

### Type of Volunteer:

<input type="checkbox"/> Non-Medical Volunteer	<input type="checkbox"/> Medical Professional (specify field)
<input type="checkbox"/> Administrative Professional	<input type="checkbox"/> Trained Responder (specify field)
<input type="checkbox"/> Law Enforcement Volunteer	<input type="checkbox"/> Other (specify):

### Additional Skills and Abilities:

<input type="checkbox"/> People Skills	<input type="checkbox"/> Public Speaker
<input type="checkbox"/> Financial Background	<input type="checkbox"/> Administrative Professional
<input type="checkbox"/> Experience with Children	<input type="checkbox"/> Bilingual [specify language(s)]:
<input type="checkbox"/> Typist	<input type="checkbox"/> Other (specify):

**Volunteer's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_